Case 16-13230-mdc Doc 66 Filed 07/18/17 Entered 07/18/17 20:01:04 Desc Main Document Page 1 of 2

Fill in this information	to identify your case:	
Debtor 1	Michelle Y. Gillyard	_
Debtor 2 (Spouse, if filing)		_
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
	6-13230	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>n 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	protective officer	
Include part-time, seasonal, or self-employed work.	Employer's name	Einstein Practice Plan, Inc.	
Occupation may include student or homemaker, if it applies.	Employer's address	Olney Office Center, Suite 400 101 East Olney Avenue Philadelphia, PA 19120-2470	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,914.17 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Michelle Y. Gillyard	_	(Case	number (<i>if ki</i>	nown)	16-13	230			
	Con	ny line 4 hore	4			Debtor 1	4 47	non-	Debtor : filing s	pouse		
	Cot	y line 4 here	4.		\$_	2,914	4.17	\$		0.00	<u>,</u>	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5		\$		4.67	\$		0.00		
	5b.	Mandatory contributions for retirement plans	5h		\$		0.00	\$		0.00	_	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	50 50		\$_ \$		0.00	\$		0.00	_	
	5u. 5e.	Insurance	56		\$ _		0.00 9.50	\$ 		0.00	_	
	5f.	Domestic support obligations	5f		\$ —		0.00	\$ 		0.00	_	
	5g.	Union dues	5 <u>(</u>		<u>\$</u> —		0.00	\$		0.00	_	
	5h.	Other deductions. Specify: cafe		า.+	\$		7.17	+ \$		0.00	_	
		Addprem			\$	187	7.79	\$		0.00)	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,349	9.13	\$		0.00)	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,56	5.04	\$		0.00)	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a	\$		0.00	\$,	820.00	_	
	8b.	Interest and dividends	8k		<u>\$</u> —		0.00	\$		0.00	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00	\$		0.00	_	
	8d.	Unemployment compensation	80	d.	\$		0.00	\$		0.00)	
	8e.	Social Security	86	Э.	\$	(0.00	\$		0.00)	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f 8ç		\$ \$		0.00	\$ \$		0.00	_	
	8h.	Other monthly income. Specify: _pro rata tax refund	_ 8ł	า.+	\$	643	3.00	+ \$		0.00)_	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		<u> </u>	643	3.00	\$		820.0	00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,208.04	+ \$		20.00	= \$	2 01	28.04
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		2,200.04	• • -		20.00	- Ψ -	3,02	10.04
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	dep			•			chedule 11.			0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	3,02	28.04
									L	Comb		ome
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?								,	
	П	Yes. Explain:										